PTO/SB/82 (01-06)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/680,703
Filing Date	OCTOBER 7, 2003
First Named Inventor	JOSEPH MORELLI
Art Unit	1614
Examiner Name	JAGOE, DONNA A
Attorney Docket Number	2098USU1 (110088.454)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☑ I hereby appoint the practitioners associated with the Customer Number: 43896

☑ Please change the correspondence address for the above-identified application to:

☑ The address associated with Customer Number: 43896

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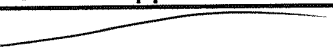
I am the:

☐ Applicant/Inventor.

☑ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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